

N431 CARE PLAN #1

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N431: Adult Health II

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Demographics

Date of Admission 9/17/2025	Client Initials SB	Age 73 years old	Biological Gender Male
Race/Ethnicity Caucasian	Occupation Jack of All Trades/Truckdriver	Marital Status Married	Allergies No Known Allergies
Code Status Attempt CPR/Full Code	Height 6'3" (190.5 cm.)	Weight 252 lb. (114.3 kg.)	

Medical History

Past Medical History: Based off the limited information throughout his chart, the patient has COPD, blastomycosis in his lungs, and pseudomonas in his lungs as well. He has diabetes and peripheral vascular disease. Additionally, he has a mild enlarged prostate, hyperthyroidism, and hypertension.

Past Surgical History: The patient had a bilateral lung biopsy in June of 2024. Additionally, he had an endobronchial ultrasound study with a bronchoscopy on September 11, 2025.

Family History: While his family history was not in his chart, he said that his mom had neuropathy. His grandparents and his dad had diabetes. He did not give any more information.

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): The patient used to be a cigarette smoker. He smoked three packs a day for almost twenty-three years. He started in 1970 and stopped in 2003. He has never used smokeless tobacco or has vaped. He does drink alcohol. His chart is conflicting in that it says he drinks two standard drinks

of alcohol (two beer cans) per week. However, the comment says he drinks two to three beers a day. He has never used drugs.

Education: The patient finished high school. He did not pursue further schooling.

Living Situation: He lives at home with his wife of fifty-two years!

Assistive devices: He uses glasses, hearing aids, and dentures.

Admission History

Chief Complaint: Patient came in on September 17th, 2025, because of shortness of breath.

History of Present Illness (HPI)– OLD CARTS: The patient has been dealing with pneumonia in his lungs over the past year. While he thought he was over it because he was feeling better, he started to feel worse again these past few months. He has had some fevers, but they have not been super frequent. He does have a cough and has shortness of breath, which could be associated with his COPD and lung damage from smoking. Any form of exertion would tire him out. For example, walking back inside after drinking his coffee on the porch, he would have to lay down in bed. Resting would help relieve some of his symptoms. There was no treatment that was working for him, and his shortness of breath was only getting worse.

Admission Diagnosis

Primary Diagnosis: Mycobacterium Avium Complex

Secondary Diagnosis (if applicable): N/A

Pathophysiology

Mycobacterium Avium Complex (MAC) is part of a subgroup of diagnoses known as nontuberculous mycobacteria. Most people who come into contact with MAC causing organisms are able to clear it from their respiratory tract because of the body's natural defense system. However, those with weakened immune systems, such as people living with COPD or cystic fibrosis, cannot fight it off because of decreased immune response. People who have this are not considered contagious (Kwon et al., 2019)

There are two types of MAC, fibrocavitary and nodule forms. The fibrocavitary form, which is severe and more difficult to treat, contains lesions in the upper lobes of the lungs and is typically correlated to other pulmonary diseases. The nodular form, which is considered mild, shows multiple nodules spread throughout both sets of lungs. Regardless, the signs and symptoms are the same. It includes a chronic cough, extreme fatigue, low grade fever, unexplainable weight loss, shortness of breath, chest pain, and hemoptysis (Cleveland Clinic, 2025). These signs and symptoms were all demonstrated by the patient, except for the hemoptysis. He said that over a month period, he lost forty-five pounds.

Diagnosing this can be extremely difficult. The typical tests they run, as well as the tests the patient had done, were sputum cultures, chest x-rays, a CT, and a bronchoscopy. He also had to be seen by infectious disease and a pulmonologist to aid in the diagnosis (Cleveland Clinic, 2025).

The treatment for this is brutal. Long-term antibiotics are often initiated. The provider will prescribe three to four different types of antibiotics. This helps to reduce the chance of developing drug-resistant bacteria. This medication will be taken twelve months after a negative sputum culture (Kwon et al., 2019). In the case of the patient, he will be receiving IV antibiotics

and antifungal medications. The results of his diagnostic testing support the clinical diagnosis. His CT and chest x-ray were just one part of the confirmation. To truly treat a patient with MAC is difficult, as it requires patients to be compliant with their medications.

References

Cleveland Clinic. (2025). *What is MAC lung disease?* Cleveland Clinic.

<https://my.clevelandclinic.org/health/diseases/22256-mac-lung-disease>.

Kwon, Y., Koh, W., Daley, C. (2019). Treatment of mycobacterium avium complex pulmonary disease. *The Korean Academy of Tuberculosis and Respiratory Diseases*, 82(1), pgs. 15-26. <https://doi.org/10.4046/trd.2018.0060>.

Laboratory/Diagnostic Data

Lab Name	Admission Value	Today's Value	Normal Range	Reasons for Abnormal
Glucose	251 mg/dL	186 mg/dL	74-100 mg/dL	The patient has uncontrolled diabetes. He does not take care of his health (Pagana et al., 2023).
Albumin	3.1 g/dL	2.8 g/dL	3.4-4.8 g/dL	Hypoalbuminemia can be caused by stress and infections (Cleveland Clinic, 2022).
Bilirubin, Total	1.4 mg/dL	1.3 mg/dL	0.2-1.2 mg/dL	Antibiotics can increase the total bilirubin level. Since he is on one antibiotic, this would explain this test result (Pagana et al., 2023).
Sodium	139 mmol/L	135 mmol/L	136-145 mmol/L	Coming from home to the hospital led to significant dietary changes. He was on the diabetic diet, and he also

				did not like hospital food, leaving him with a decrease in his intake (Pagana et al., 2023).
Glucose, POC	204 mg/dL	183 mg/dL	60-99 mg/dL	The patient has uncontrolled diabetes. He does not take care of his health (Pagana et al., 2023).

References

Cleveland Clinic. (2022). *Hypoalbuminemia*. Cleveland Clinic.

<https://my.clevelandclinic.org/health/diseases/22529-hypoalbuminemia>.

Pagana et al. (2023). *Mosby's Diagnostic & Laboratory Test References: Sixteenth Edition*.

Elsevier.

Diagnostic & Laboratory Tests

Previous diagnostic prior to admission (ER,	Previous diagnostic results and correlation to	Current Diagnostic Test & Purpose	Clients Signs and Symptoms	Results and correlate to client diagnosis
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clinic etc.) if pertinent to admission diagnosis	client admission			and condition
N/A due to limited previous testing	N/A due to limited previous testing	Chest X-Ray on 6/2/2025 because he was experiencing shortness of breath and chest pain (Pagana et al., 2023)	Shortness of breath and cough	The chest x-ray showed that he had a nodule in his right upper lobe of his lung and a smaller nodule in his left upper lobe of his lung.
Chest X-Ray on 6/2/2025 because he was experiencing shortness of breath and chest	Showed pneumonia had infiltrated his lungs.	CT of sinuses without contrast on 7/23/2025 because of his chronic respiratory infections and	Sinus pressure and headaches	Everything was normal except they found a tiny mucous cyst in his left

pain.		sinusitis. They wanted to see if his pneumonia started in his upper respiratory tract (Pagana et al., 2023).		frontal sinus, and his septum was deviated to the left. There were no significant findings.
X-ray of chest was done previously.	They found a significant sized nodule. Proceeded to do a CT of chest to further evaluate the nodule.	CT of chest without contrast on 6/23/2025 because of a lung nodule that was over eight millimeters (Pagana et al., 2023).	Shortness of breath and coughing	The results showed that the nodules in the right upper lobe of the lung have increased in number. It showed that his infection never went away, or he

				got pneumonia again.
N/A due to procedural follow-up	N/A due to procedural follow-up	Chest x-ray on 9/11/2025 after his lung biopsies (Pagana et al., 2023)	N/A due to procedural follow-up	It showed infiltrations have increased with some minor fissures in the right upper lobe, which they are wondering if it's a post-biopsy hemorrhage. Also, further increase of nodules in his left lung.

References

Pagana et al. (2023). *Mosby's Diagnostic & Laboratory Test References: Sixteenth Edition*.

Elsevier.

Active Orders

Active Orders	Rationale
Contact isolation	Patient was on contact isolation due to his drug-resistant pneumonia. He had both a fungal and a bacterial infection.
Increase activity as tolerated	Since he has pneumonia, he has an increase in sputum production. It is best for him to be moving around to not only get the sputum out but to prevent atelectasis.
Diabetic diet	He has uncontrolled diabetes. Changing his diet to a diabetic diet is one way for him to take control of his glucose levels.
Inspect injuries every twenty-four hours	This is done to ensure he does not develop any pressure injuries. He stated that he has a hard time even walking short distances because of how out of breath he gets. If he sits down all the time, this could become a problem.

Intake and output every shift	Input and output are measured to ensure there is not any fluid retention. Also, he has a mildly enlarged prostate, which can cause urinary issues.
Bilateral pneumatic compression stockings	These socks will inflate and deflate to reduce the risk of blood clots, which is important as the patient is stationary while at the hospital.
Respiratory therapy to assess and treat	Since he has COPD and two different types of pneumonia, respiratory therapy will help open his airways, allowing him to breathe better.
Blood glucose levels	Blood glucose levels are taken to determine how much insulin he will need.
Consult with pulmonary at Christie Clinic	Due to his prognosis, he will need to be following up with his pulmonologist, especially because he has proved to be noncompliant with his previous medications.
Consult with infectious diseases	Since he has had this issue for about a year and has a form that is resistant to some antibiotics, infectious disease gets consulted.

Hospital Medications (Must List ALL)

Brand/ Generic	enoxaparin /Lovenox (Jones and Bartlett Learning, 2024)	albuterol/ AccuNeb (Jones and Bartlett Learning, 2024)	cefepime / Maxipim e (Jones and Bartlett Learning, 2024)	hydralazin e/ Apresoline (CAN) (Jones and Bartlett Learning, 2024)	hydrocodon e- acetaminop hen/Norco (Jones and Bartlett Learning, 2024)	insulin glargine/ Lantus (Jones and Bartlett Learning, 2024)
Dose, frequenc y, route	40 mg once daily at 1:00 pm by subcutaneo us injection	90 mcg, four times daily PRN by puffs through the mouth	1 gram every eight hours through his IV	10 mg every eight hours PRN by mouth	5-325 mg tablet every four hours PRN by mouth	25 units at bedtime given through subcutan eous injection
Classifica tion (Pharma cological and	Pharmacol ogic: Low- molecular- weight- heparin	Pharmacologica l: Adrenergic (Jones and Bartlett Learning, 2024)	Pharmac ologic: fourth generatio n	Pharmacol ogic: Vasodilato r (Jones and	Pharmacolo gical: Opioid (Jones and Bartlett	Pharmac ological: long- acting insulin

therapeutic and action of the drug	(Jones and Bartlett Learning, 2024) Therapeutic: Anticoagulant (Jones and Bartlett Learning, 2024)	Therapeutic: Bronchodilator (Jones and Bartlett Learning, 2024)	cephalosporin (Jones and Bartlett Learning, 2024) Therapeutic: Antibiotic (Jones and Bartlett Learning, 2024)	Bartlett Learning, 2024) Therapeutic: Antihypertensive (Jones and Bartlett Learning, 2024)	Learning, 2024) Therapeutic: Opioid analgesic (Jones and Bartlett Learning, 2024)	(Jones and Bartlett Learning, 2024) Therapeutic: Antidiabetic (Jones and Bartlett Learning, 2024)
Reason Client Taking	He is on this medication to prevent DVT due to him being restricted	He takes this to prevent and treat exercised-induced asthma (Jones and Bartlett Learning, 2024).	This medication is taken for those with severe pneumon	Patient takes this medication because of his hypertension (Jones and	Patient takes this medication for pain management (Jones and Bartlett Learning,	Patient takes this medication on to decrease his blood sugar (Jones

	(Jones and Bartlett Learning, 2024).		ia caused by P. aeruginosa (Jones and Bartlett Learning, 2024).	Bartlett Learning, 2024).	2024).	and Bartlett Learning, 2024).
Two contraindications (pertinent to the client)	1. Do not take if patient is experiencing an active and major bleed (Jones and Bartlett Learning, 2024). 2. Do not take if allergic to	1. Do not take if allergic to the medication (Jones and Bartlett Learning, 2024). 2. Do not use certain types of albuterol inhalers if allergic to milk (Drugs.com, 2025).	1. Do not take if allergic to this medication on (Jones and Bartlett Learning, 2024). 2. Do not take if allergic to penicillin	1. Do not take if allergic to this medication (Jones and Bartlett Learning, 2024). 2. Do not take if patient has coronary artery disease	1. Do not take if allergic to the medication (Jones and Bartlett Learning, 2024). 2. Do not take if patient is experiencing severe and	1. Do not take if allergic to the medication on (Drugs.com, 2023). 2. Do not take if blood sugar is low (Drugs.c

	pork (Jones and Bartlett Learning, 2024).		(Jones and Bartlett Learning, 2024).	(Jones and Bartlett Learning, 2024).	uncontrolled asthma (Jones and Bartlett Learning, 2024).	om, 2023).
Two side effects or adverse effects (Pertinent to the client)	1. It can cause dyspnea, which he is already experiencing (Jones and Bartlett Learning, 2024). 2. This can cause pneumonia, which he is already experiencing	1. Do not take if patient has hypertension, which he does (Jones and Bartlett Learning, 2024). 2. It also says to not take if the patient has hyperglycemia, which he has (Jones and Bartlett Learning, 2024).	1. It can cause hearing loss, which is already something he is effected by (Jones and Bartlett Learning, 2024). 2. I can cause C. Diff	1. This medication can cause dyspnea, which he is already experiencing (Jones and Bartlett Learning, 2024). 2. This medication can cause Lupus-like signs and	1. Medication can make body pains worse (Jones and Bartlett Learning, 2024). 2. This medication can decrease the central nervous system (Jones and	1. This medication can cause low blood sugar (Drugs.com, 2023). 2. This medication can cause lipodystrophy if not

	ng (Jones and Bartlett Learning, 2024).		which is already a concern as he has been on antibiotic s for so long (Jones and Bartlett Learning, 2024).	symptoms. He stated that he feels general joint pain everyday (Jones and Bartlett Learning, 2024).	Bartlett Learning, 2024).	rotating the sites (Drugs.com, 2023).
List two teaching needs for the medication pertinent to the client	1. It would be important to teach them about bleeding precautions . Make sure to use an electric	1. It would be appropriate to explain how to use it properly. The medication will only be effective if used properly (Jones and Bartlett Learning,	1. As with every antibiotic , the patients need to be taught to take this	1. It is essential to take this medication everyday to avoid significant changes in blood pressure	1. Teach the patient that this medication should not be the first line of defense for their pain. Other	1. Rotate the injection sites (Drugs.com, 2023). 2. Look at the color of

razor and a soft toothbrush (Jones and Bartlett Learning, 2024). 2. Instruct them to report any signs and symptoms of a thromboembolism, such as severe shortness of breath (Jones and Bartlett Learning, 2024).	2025). 2. It would be appropriate to emphasize the need to clean the mouthpiece after each use (Jones and Bartlett Learning, 2024).	medicine as prescribed (Jones and Bartlett Learning, 2024). 2. Teach them to report any adverse effects, such as itching or trouble breathing (Jones and Bartlett Learning, 2024).	(Jones and Bartlett Learning, 2024). 2. Make sure to change positions slowly because it can cause orthostatic hypotension (Jones and Bartlett Learning, 2024).	pharmacological and nonpharmacological treatments should be exhausted first (Jones and Bartlett Learning, 2024). 2. This medication can cause constipation, so increase fiber intake (Jones and Bartlett Learning, 2024).	the medication. If it is cloudy, throw it away and get a new vial (Drugs.com, 2023).
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<p>Two Key nursing assessment(s) prior to administration</p>	<p>1. One nursing assessment before giving the medication would be asking them where the injection site was last time (Jones and Bartlett Learning, 2024).</p> <p>2. A second nursing assessment would be asking</p>	<p>1. Assess their respiratory status (Jones and Bartlett Learning, 2024).</p> <p>2. Assess their heart rate because this medication can cause tachycardia (Jones and Bartlett Learning, 2024).</p>	<p>1. Assess the culture results to see if this antibiotic will even be successful (Jones and Bartlett Learning, 2024).</p> <p>2. Check their allergies, as this medication can have cross sensitivit</p>	<p>1. Assess the patient blood pressure before administration (Jones and Bartlett Learning, 2024).</p> <p>2. Assess heart rate before administering the medication (Jones and Bartlett Learning, 2024).</p>	<p>1. Assess respiratory rate because opioids decrease them further (Jones and Bartlett Learning, 2024).</p> <p>2. Do not take this medication with alcohol (Jones and Bartlett Learning, 2024).</p>	<p>1. Assess blood glucose levels before administering the insulin (Drugs.com, 2023).</p> <p>2. Assess the color of the insulin (Drugs.com, 2023).</p>
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	them about any signs of bleeding such as dark stools or unusual bruising (Jones and Bartlett Learning, 2024).		y (Jones and Bartlett Learning, 2024).			
Brand/ Generic	insulin lispro/ Humalog (Jones and Bartlett Learning, 2024)	prochlorperazine/Compazine (Jones and Bartlett Learning, 2024)	tiotropium-olodaterone/Stiolto Respimat (Jones and Bartlett Learning, 2024)	voriconazole/Vfend (Jones and Bartlett Learning, 2024)		
Dose,	5 units + 1-	10 mg every six	2.5-2.5	200 mg		

frequency, route	20 units (sliding scale) before meals and at bedtime given subcutaneous	hours PRN either through mouth or IV push	mcg per daily given through mouth, administered 2 puffs	tablet taken twice a day at 9:00 am and 9:00 pm given by mouth		
Classification (Pharmacological and therapeutic action of the drug)	Pharmacologic: Rapid-acting insulin (Jones and Bartlett Learning, 2024) Therapeutic: Antidiabetic (Jones and	Pharmacological: Piperazine phenothiazine (Jones and Bartlett Learning, 2024) Therapeutic: Antiemetic (Jones and Bartlett Learning, 2024)	Pharmacological: anticholinergic (Jones and Bartlett Learning, 2024) Therapeutic: Bronchodilator (Jones	Pharmacologic: Triazole (Jones and Bartlett Learning, 2024) Therapeutic: Antifungal (Jones and Bartlett Learning, 2024)		

	Bartlett Learning, 2024)		and Bartlett Learning, 2024)			
Reason Client Taking	This medication is taken to decrease the blood sugar levels (Drugs.com, 2024).	The patient takes this medication for nausea (Jones and Bartlett Learning, 2024).	The patient has COPD, so this medication is a maintenance medication to prevent asthma attacks (Jones and Bartlett Learning, 2024).	The patient takes this medication for his pneumonia caused by a fungus (Jones and Bartlett Learning, 2024).		

<p>Two contraindications (pertinent to the client)</p>	<p>1. Do not take if allergic (Drugs.com, 2024). 2. Do not take it if blood sugar is low (Drugs.com, 2024).</p>	<p>1. Do not take if allergic to this medication (Jones and Bartlett Learning, 2024). 2. Do not take if patient is experiencing severe central nervous system depression (Jones and Bartlett Learning, 2024).</p>	<p>1. Do not take if allergic (Jones and Bartlett Learning, 2024). 2. Do not take if experiencing an active bronchospasm (Jones and Bartlett Learning, 2024).</p>	<p>1. Do not take if allergic (Jones and Bartlett Learning, 2024). 2. Do not give with barbiturates (Jones and Bartlett Learning, 2024).</p>		
<p>Two side effects or adverse</p>	<p>1. This medication lowers the</p>	<p>1. This medication can cause</p>	<p>1. This medication can</p>	<p>1. This medication can cause</p>		

<p>effects</p> <p>(Pertinent to the client)</p>	<p>blood sugar and can cause hypoglycemia (Drugs.com, 2024). 2. This medication can cause itching (Drugs.com, 2024).</p>	<p>orthostatic hypotension (Jones and Bartlett Learning, 2024). 2. This medication can cause dysuria (Jones and Bartlett Learning, 2024).</p>	<p>cause hyperglycemia (Jones and Bartlett Learning, 2024). 2. This medication can cause tachycardia (Jones and Bartlett Learning, 2024).</p>	<p>heart problems, such as bradycardia or cardiac arrest (Jones and Bartlett Learning, 2024). 2. This medication can cause hypoglycemia (Jones and Bartlett Learning, 2024).</p>		
<p>List two teaching needs for</p>	<p>1. Teach them how to draw up</p>	<p>1.) It would be appropriate to teach the</p>	<p>1. Do not use this medication</p>	<p>1. Teach them about</p>		

<p>the medication pertinent to the client</p>	<p>the medication and understand the measurement is in units (Drugs.com, 2024). 2. Make sure to rotate injection sites (Drugs.com, 2024).</p>	<p>patient not to drink alcohol with this medication (Jones and Bartlett Learning, 2024). 2. Change positions slowly after starting this medication (Jones and Bartlett Learning, 2024).</p>	<p>on more than once in twenty-four hours (Jones and Bartlett Learning, 2024). 2. Rinse mouth after administering the medication (Jones and Bartlett Learning, 2024).</p>	<p>medication compliance (Jones and Bartlett Learning, 2024). 2. Take this medication at least one hour before or after a meal (Jones and Bartlett Learning, 2024).</p>		
<p>Two Key</p>	<p>1. Assess</p>	<p>1. Assess the</p>	<p>1. Assess</p>	<p>1. Assess</p>		

<p>nursing assessment(s) prior to administration</p>	<p>blood sugar (Drugs.com). 2. Assess the color of the insulin. This one should be cloudy. Do not use if it is clear (Drugs.com, 2024).</p>	<p>patient and see if they are experiencing nausea (Jones and Bartlett Learning, 2024). 2. Check their respiratory rate, as this medication can decrease their central nervous system (Jones and Bartlett Learning, 2024).</p>	<p>the patients respirator y rate (Jones and Bartlett Learning, 2024). 2. Assess their heart rate since this medication can cause an abrupt increase (Jones and Bartlett Learning, 2024).</p>	<p>the culture results to make sure this is an appropriate medication (Jones and Bartlett Learning, 2024). 2. Check blood sugar before use because it can decrease blood sugar significantly (Jones and</p>		
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				Bartlett Learning, 2024).		
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References

Drugs.com. (2025). *Albuterol*. Drugs.com. <https://www.drugs.com/albuterol.html>.

Drugs.com. (2023). *Insulin glargine*. Drugs.com. <https://www.drugs.com/insulin-glargine.html>.

Drugs.com (2024). *Insulin lispro and insulin lispro protamine*. Drugs.com.

<https://www.drugs.com/mtm/insulin-lispro-and-insulin-lispro-protamine.html>.

Jones and Bartlett Learning. (2024). *Nurse's Drug Handbook*. Ascend Learning Company.

Prioritize Three Hospital Medications

Medications	Why this medication was chosen	List 2 side effects. These must correlate to your client
1. cefepime	This was chosen because of his bacterial pneumonia, which needs to be treated immediately. It affects his breathing, which means it is a priority.	1. It can cause hearing loss, which is already something he is affected by (Jones and Bartlett Learning, 2024). 2. It can cause C. Diff which is already a concern as he has been on antibiotics for so long (Jones and Bartlett

		Learning, 2024).
2. voriconazole	This was chosen because of his fungal pneumonia, which needs to be treated immediately. It affects his breathing, which means it is a priority.	1. This medication can cause heart problems, such bradycardia or cardiac arrest (Jones and Bartlett Learning, 2024). 2. This medication can cause hypoglycemia (Jones and Bartlett Learning, 2024).
3. enoxaparin	This medication prevents blood clots, such as DVTs or pulmonary embolisms. Theoretically speaking, these clots can kill quickly, which is why this medication needs to be prioritized.	1. It can cause dyspnea, which he is already experiencing (Jones and Bartlett Learning, 2024). 2. This can cause pneumonia, which he is already experiencing (Jones and Bartlett Learning, 2024).

References

Jones and Bartlett Learning. (2024). Nurse's Drug Handbook. Ascend Learning Company.

Physical Exam

HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS

<p>GENERAL:</p> <p>Alertness:</p> <p>Orientation:</p> <p>Distress:</p> <p>Overall appearance:</p> <p>Infection Control precautions: contact</p> <p>Client Complaints or Concerns: SOB</p>	<p>Patient is alert and oriented times four. Patient shows no signs of distress and is well groomed.</p> <p>He is on contact precautions. His chief complaint is shortness of breath.</p>
<p>VITAL SIGNS:</p> <p>Temp: 99</p> <p>Resp rate: 20</p> <p>Pulse:82</p> <p>B/P: 137/77</p> <p>Oxygen: 95</p> <p>Delivery Method: RA</p>	<p>His temperature was 99 °F. His respiratory rate was twenty. His pulse was eighty-two. His blood pressure was 137/77. His oxygen saturation was 95%. He was on room air.</p>
<p>PAIN ASSESSMENT: verbal rating pain scale</p> <p>Time: 0839</p> <p>Scale:</p>	<p>At 0839, the pain assessment began. He used the verbal rating pain scale. For location, he said he had a generalized sense of pain, and it was moderate. When asked to describe the pain, he</p>

<p>Location: generalized</p> <p>Severity: moderate pain</p> <p>Characteristics: aching</p> <p>Interventions: Tylenol</p>	<p>said it was “aches and pains.” For treatment, he requested Tylenol.</p>
<p>IV ASSESSMENT:</p> <p>Size of IV: 20 g</p> <p>Location of IV: left forearm</p> <p>Date on IV: 9/17/25</p> <p>Patency of IV: patent</p> <p>Signs of erythema, drainage, etc.: none</p> <p>IV dressing assessment:</p> <p>Fluid Type/Rate or Saline Lock: saline lock</p>	<p>He had an IV inserted on 9/17/25. It is located on his left forearm. It is a 20-gauge. It is patent in that saline was able to be flushed with return of blood as well. There were no signs of redness, drainage, or any IV complications. The IV dressing was intact. It had a saline lock on it.</p>
<p>INTEGUMENTARY:</p> <p>Skin color:</p> <p>Character:</p> <p>Temperature:</p> <p>Turgor:</p> <p>Rashes:</p> <p>Bruises: arms were bruised</p> <p>Wounds: .</p> <p>Braden Score: 4: no impairment</p> <p>Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p>	<p>Patient had a honey skin tone. Skin was warm and dry upon palpation. Skin turgor returned immediately. Capillary refill was less than three seconds. He did have bruising on both arms. No rashes, lesions, or wounds. His Braden Score was a four, which indicates no impairment. He did not have any drains present.</p>

Type:	
<p>HEENT:</p> <p>Head/Neck:</p> <p>Ears:</p> <p>Eyes:</p> <p>Nose: bump on nose</p> <p>Teeth: dentures</p>	<p>Head and neck are symmetrical. Trachea was midline with no deviations. Thyroid was not palpable. No noted nodules. No lymphadenopathy noted in the head or neck.</p> <p>Bilateral sclera white. Bilateral cornea clear.</p> <p>Bilateral conjunctiva pink. Bilateral lids are moist and pink without lesions or discharge. PERRLA intact bilaterally. EOMS bilaterally. Patient had brown eyes. Bilateral auricles no visible or palpable deformities, lumps, or lesions. Canals were not inspected because patient had hearing aids. Septum was not midline. It deviated to the left. Patient had a dorsal hump on his nose. Hard palate intact. Dentition is good due to dentures.</p> <p>Oral mucosa overall is moist and pink with no noted lesions.</p> <p>.</p>
<p>CARDIOVASCULAR:</p> <p>Heart sounds:</p> <p>S1, S2, S3, S4, murmur etc.</p> <p>Cardiac rhythm (if applicable):</p> <p>Peripheral Pulses:</p>	<p>Clear S1 and S2 without murmurs, gallops, or rubs. Normal rate and rhythm. Peripheral pulses 2+ were palpable bilaterally throughout.</p> <p>Capillary refill was less than three seconds. No neck vein distention. No edema noted.</p>

<p>Capillary refill:</p> <p>Neck Vein Distention: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Edema Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Location of Edema:</p>	
<p>RESPIRATORY:</p> <p>Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Breath Sounds: Location, character</p>	<p>No accessory muscle use. Lung sounds were clear throughout anterior bilaterally. Lung sounds were slightly diminished posteriorly and bilaterally at the base. Otherwise, no rhonchi, wheezes, or crackles noted.</p>
<p>GASTROINTESTINAL:</p> <p>Diet at home:</p> <p>Current Diet: diabetic</p> <p>Is Client Tolerating Diet?</p> <p>Height:</p> <p>Weight:</p> <p>Auscultation Bowel sounds: all four</p> <p>Last BM: morning of 18th</p> <p>Palpation: Pain, Mass etc.:</p> <p>Inspection:</p> <p>Distention:</p> <p>Incisions:</p> <p>Scars:</p>	<p>At home, patient does not eat a well-balanced diet. While at the hospital, patient is on a diabetic diet. He does eat the food but has stated that he is “not the biggest fan of the food.” Patient is six feet and three inches. He weighs two hundred and fifty-two pounds. Upon auscultation, bowel sounds were normoactive in all four quadrants. His last bowel movement was the morning of September 18th. Upon palpation of abdomen, it was nontender and no organomegaly. Patient did have a firmer and more protruded abdomen. No scars, drains,</p>

<p>Drains:</p> <p>Wounds:</p> <p>Ostomy: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Nasogastric: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Size:</p> <p>Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Type:</p>	<p>wounds, or incisions noted upon inspection. No ostomy present. No nasogastric tube present. No feeding tube present.</p>
<p>GENITOURINARY:</p> <p>Color:</p> <p>Character:</p> <p>Quantity of urine:</p> <p>Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Dialysis: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Inspection of genitals:</p> <p>Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Type:</p> <p>Size:</p>	<p>Was not able to determine the color, character, or quantity of urine because the patient voided in the toilet. Unable to determine the quantity of urine. He does not have any urination pain. Patient is not on dialysis. Inspection of his genitals was not done. Patient did not have a catheter.</p>
<p>Intake (in mLs)</p> <p>Output (in mLs)</p>	<p>Patient drank water when provided. Patient also drank lots of coffee. Patient voided when he needed. Unable to determine the exact amounts.</p>
<p>MUSCULOSKELETAL:</p>	<p>All extremities have full range of motion. Hand</p>

<p>Neurovascular status:</p> <p>ROM:</p> <p>Supportive devices:</p> <p>Strength:</p> <p>ADL Assistance: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Fall Risk: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Fall Score: 3</p> <p>Activity/Mobility Status:</p> <p style="padding-left: 40px;">Activity Tolerance:</p> <p>Independent (up ad lib)</p> <p>Needs assistance with equipment</p> <p>Needs support to stand and walk</p>	<p>grips and pedal pushes and pulls demonstrate normal and equal strength. Patient does not use any walking devices. He does not need any ADL assistance. He is not considered a fall risk as his fall score was three. Based on the information give, he has overall been a very active individual. He is always working on their house, driving a truck, or farming. With his onset of his signs and symptoms, he has been a little less active. He is independent. He does not need assistance to stand and walk.</p>
<p>NEUROLOGICAL:</p> <p>MAEW: Y <input checked="" type="checkbox"/> N <input type="checkbox"/></p> <p>PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/></p> <p>Strength Equal: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> if no -</p> <p>Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/></p> <p>Orientation:</p> <p>Mental Status:</p> <p>Speech:</p> <p>Sensory:</p> <p>LOC:</p>	<p>Patient moves all extremities well. PERRLA was intact bilaterally. His strength was equal bilaterally. He was alert and oriented times four. Patient has a strong mental status. He was able to communicate his life from stories back to his childhood. His speech was clear. He was aware of his surroundings. He did not experience any loss of consciousness.</p>

<p>PSYCHOSOCIAL/CULTURAL:</p> <p>Coping method(s):</p> <p>Developmental level:</p> <p>Religion & what it means to pt.:</p> <p>Personal/Family Data (Think about home environment, family structure, and available family support):</p>	<p>Patient has been married to his wife for fifty-two years. He sometimes bottles in his feelings but will go to wife if needed. Religion was not discussed with the patient. He has a big family. His wife and him have four children. They have lots of grandkids and great grandkids. He comes from a tight knit family, in which they are all still close with each other.</p>
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Discharge Planning

Discharge location:

- Patient is planning on discharging home.

Home health needs:

- Because patient has not been compliant with his medication regimen for his pneumonia, he is being discharged with a PICC line to receive IV antibiotics. He will need either a home health nurse or wife be able to help administer the medication. He will need an IV pole and all the other supplies that come with this, such as saline syringes, alcohol pads, and gloves. He will also be given inhalers. He has been discharged with them before but did not use them appropriately. They may try again with the inhalers or may do nebulizer treatments.

Equipment needs:

- He will need the IV pole and all the other supplies that go into administering meds, such as saline syringes, alcohol pads, and gloves. If they do nebulizer treatments, he will have to have the supplies for that as well.

Follow up plan:

- He already has a follow up with his pulmonologist. He will need to follow up with his primary care provider to serve as an extra enforcement to make sure the patient and wife are following through with administering the antibiotics. The home health nurse will follow up with them regularly.

Education needs:

- There is significant education that will need to be discussed. First, make sure the PICC line maintains its cleanliness. PICC lines, if not managed well, can lead to CLABSI's, which can cause an array of more problems. Second, they need to be taught how to administer the antibiotic through the PICC line and ensuring this is done with a clean technique. Then, they will need to be educated on the importance of administering this antibiotic. Since he did not follow the previous medication regimen, he developed some resistance to the medications. Additionally, if they are discharged with nebulizer treatments, they will need to be taught how to properly use them and make sure they are consistent with it.

Nursing Process

Must be NANDA approved nursing diagnosis and listed in order of priority

Nursing Diagnosis <ul style="list-style-type: none"> • Include full nursing diagnosis with “related to” and “as evidenced by” components • Listed in order by priority – highest priority to lowest priority pertinent to this client 	Rationale <ul style="list-style-type: none"> • Explain why the nursing diagnosis was chosen 	Outcome Goal (1 per dx)	Interventions (2 per goal)	Evaluation of intervention s
1. Impaired gas exchange related to inflammation and mucous in alveoli as evidenced by	1. In regards to the ABCs, airway and breathing	1. Patient will display actions that show he is trying to promote ventilation	1. Make sure he is resting and not pushing himself. 2. Use his inhaler or nebulizer	Patients oxygen saturation will remain the same or increase and will know

dyspnea (Wagner, 2024).	are important and should always be a priority.	and oxygenation (Wagner, 2024).	treatments as prescribed.	his limitations.
2. Risk for noncompliance of medication related to denial and lack of motivation (Wagner, 2025).	1. Similar to the previous one, not taking the medication means the pneumonia is not cured and the airway and breathing problems still exist.	Patient will verbalize his understanding and show he is committed to taking his medication (Wagner, 2025).	1. Have frequent follow ups with his providers and frequent visits with the home health nurse to ensure medication administration. 2. Build a trusting and nonjudgmental relationship to the patient, as he will be more	Patient takes his medications as instructed for as long as they are needed and reiterates why it is necessary.

			honest.	
<p>3. Ineffective health maintenance related to conflict between appropriate health behaviors and personal wants as evidenced by failure to take action to prevent health problems (Wagner, 2023).</p>	<p>Last year, his A1C was 16%. This is terrible. It is important for him to gain control of his diabetes.</p>	<p>Patient will demonstrate lifestyle changes that will help control his blood sugar (Wagner, 2023).</p>	<p>1. Patient will eat a healthier diet, making sure to include fruits, vegetables, and decrease unhealthy carbohydrates.</p> <p>2. Patient will take his insulin regularly, which will require a close watch on his blood</p>	<p>Patient will follow up within three months and his A1C will decrease to twelve percent.</p>

			sugar.	
4. Activity intolerance related to respiratory conditions as evidenced by fatigue and shortness of breath with exertion (Cumpian, 2025).	This was chosen because with his COPD and his pneumonia, he tends to be stationary because of how short of breath he will get. Not moving enough can cause more complications.	Patient will be able to return to his baseline of activities as he used to be able to (Cumpian, 2025).	1. Do activities while sitting in place, such as lifting small weights to stretch out his joints. 2. Use assistive devices, so that his body doesn't have to carry the weight alone.	To evaluate this intervention, assess to see if he can walk again and exert himself without feeling short of breath to the point of needing to stop all together.

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Nursing Process Prioritization	Rationale
1. Administration of medications	He will not get any better and get to leave the hospital if this is not done.
2. Education	The patient and his wife have a lot of education they need to receive, so they can be successful with his treatments. If not, he will eventually get readmitted to the hospital.
3. Ambulation	Walking and moving around will help prevent atelectasis. It will also help him get his sputum out, so it is not just sitting in his lungs.
4. PICC line sterile	The PICC line needs to remain sterile. This

	<p>requires changing the dressing as ordered by the provider and making sure it is done properly, such as having the nurse and the patient wear a mask and using sterile gloves. If not, he could get a CLABSI, which can send him back to the hospital with another infection.</p>
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